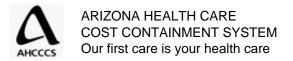
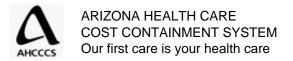


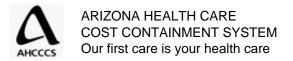
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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	\$36.29	\$19.46	10/1/2008
	BIOFEEDBACK TRAINING, PERINEAL MUSCLES,	•	·	
90911	ANORECTAL OR URETHRAL SPHINCTER,	\$89.01	\$44.29	10/1/2008
	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE,			
95004	PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIAT	\$5.73	\$5.73	10/1/2008
	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE,			
95010	PRICK) SEQUENTIAL AND INCREMENTAL, WITH D	\$17.69	\$17.69	10/1/2008
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	\$19.10	\$19.10	10/1/2008
95015	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOL	\$12.36	\$12.36	10/1/2008
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REAC	\$6.87	\$6.87	10/1/2008
95027	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH ALLERGENIC	\$5.34	\$5.34	10/1/2008
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE	\$10.71	\$10.71	10/1/2008
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	\$7.26	\$7.26	10/1/2008
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	\$8.00	\$8.00	10/1/2008
95056	PHOTO TESTS	\$27.54	\$27.54	10/1/2008
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	\$21.38	\$21.38	10/1/2008
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	\$17.57	\$17.57	10/1/2008
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$60.02	\$60.02	10/1/2008
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$75.32	\$75.32	10/1/2008
95075	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS,	\$62.73	\$46.29	10/1/2008
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLE	\$12.59	\$12.59	10/1/2008
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF	\$15.65	\$15.65	10/1/2008
95120	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$18.52	\$18.52	5/1/2004
95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$37.03	\$37.03	5/1/2004
95130	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	BR	BR	10/1/1982
95131	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$12.96	\$12.96	5/1/2004



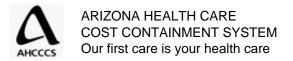
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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
95132	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$15.34	\$15.34	5/1/2004
95133	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$17.72	\$17.72	5/1/2004
95134	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$23.54	\$23.54	5/1/2004
95144	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$11.14	\$3.10	10/1/2008
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$15.34	\$3.30	10/1/2007
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$23.73	\$3.10	10/1/2008
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$22.99	\$3.10	10/1/2008
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$32.17	\$3.10	10/1/2008
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$42.49	\$3.10	10/1/2008
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$11.14	\$3.10	10/1/2008
95170	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$8.83	\$3.10	10/1/2008
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, EQUINE	\$141.66	\$103.41	10/1/2008
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	BR	BR	10/1/1982
95803	Actigraphy testing, recording analysis, interpretation, and report (minimum of 7	BR	BR	1/1/2009
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSI	\$545.25	\$545.25	10/1/2008
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR SLEEP STUDY, SIMULTANEOUS RECORDING OF	\$210.82	\$210.82	10/1/2008
95807	VENTILATION, RESPIRATORY EFFORT, ECG OR POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3	\$537.68	\$537.68	10/1/2008
95808	ADDITIONAL PARAMETERS OF SLEEP,	\$665.45	\$665.45	10/1/2008



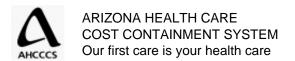
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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP,	\$816.45	\$816.45	10/1/2008
95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP,	\$897.38	\$897.38	10/1/2008
95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	\$233.61	\$233.61	10/1/2008
95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR	\$287.67	\$287.67	10/1/2008
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	\$214.90	\$214.90	10/1/2008
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	\$217.57	\$217.57	10/1/2008
95822	ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY	\$237.77	\$237.77	10/1/2008
95824	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY	\$60.30	\$60.30	4/1/2006
95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RECORDING	\$316.58	\$316.58	10/1/2008
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	\$1,299.72	\$1,299.72	10/1/2008
95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC	\$182.61	\$84.70	10/1/2008
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HA	\$26.64	\$14.40	10/1/2008
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR WITHOUT	\$24.32	\$15.14	10/1/2008
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF	\$37.46	\$23.69	10/1/2008
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF	\$44.09	\$30.68	10/1/2008
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY	\$17.73	\$8.16	10/1/2008
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR	\$13.85	\$5.81	10/1/2008
95857	TENSILON TEST FOR MYASTHENIA GRAVIS; NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY	\$41.74	\$26.44	10/1/2008
95860	WITH OR WITHOUT RELATED PARASPINAL AREAS	\$85.25	\$85.25	10/1/2008



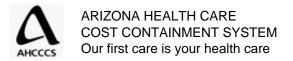
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DECODIDATION		FAC RATE	
DESCRIPTION		2009	EFF DATE
	2009		
NIEEDLE ELECTROMYCORABLING TIMO EVEREMITIES			
	<b>#</b> 440.00	<b>*</b> 4 4 0 00	40/4/0000
WITH OR WITHOUT RELATED PARASPINAL	\$116.63	\$116.63	10/1/2008
NEEDLE ELECTRONICO OR A DUNC TUREE EVERENITUE			
	<b>#400.05</b>	<b>#</b> 400.05	40/4/0000
WITH OR WITHOUT RELATED PARASPINAL	\$139.85	\$139.85	10/1/2008
NEEDLE ELECTROMYOCRADHY: EOLIR EYTREMITIES			
	\$16 <u>8</u> 18	¢160 10	10/1/2008
			10/1/2008
·	-		10/1/2008
,	Φ00.23	Φ00.23	10/1/2006
l '	\$60.83	\$60.83	10/1/2008
	Ψ09.03	Ψ09.03	10/1/2000
	\$96.11	\$96.11	10/1/2008
·	ψ50.11	ψ50.11	10/1/2000
	\$41.19	\$41.19	10/1/2008
,	ψσ	ψσ	10/1/2000
MUSCLES IN ONE EXTREMITY OR NON-LIMB	\$40.41	\$40.41	10/1/2008
NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER			
ELECTRODE, WITH QUANTITATIVE	\$159.12	\$159.12	10/1/2008
ELECTRICAL STIMULATION FOR GUIDANCE IN			
CONJUNCTION WITH CHEMODENERVATION (LIST S	\$40.80	\$40.80	10/1/2008
NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN			
CONJUNCTION WITH CHEMODENERVATION (LIST	\$40.05	\$40.05	10/1/2008
	\$97.92	\$97.92	10/1/2008
· ·			
	\$57.67	\$57.67	10/1/2008
· ·			
	004.00	004.00	40/4/0000
WIIH	\$64.69	\$64.69	10/1/2008
NEDVE CONDUCTION AMOUNT IDE AND			
· ·	¢50.22	¢50.33	10/1/2008
	φ50.55	φ50.55	10/1/2008
· · · · · · · · · · · · · · · · · · ·	¢157.55	¢157 55	10/1/2008
,	ψ107.00	ψ107.00	10/1/2000
	\$69.16	\$69.16	10/1/2008
	\$55.10	\$55.76	. 5/ 1/2000
TESTING OF AUTONOMIC NERVOUS SYSTEM			
FUNCTION; VASOMOTOR ADRENERGIC INNERVATION	\$81.44	\$81.44	10/1/2008
	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL  NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL  NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL  NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL  NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL  NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL  NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)  NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB  NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE  ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST S)  NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S)  NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH  NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH  NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH  NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH  NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARATELY IN ADDITION TO TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA)  TESTING OF AUTONOMIC NERVOUS SYSTEM	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL  NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL  NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL  NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL  NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL  NEEDLE ELECTROMYOGRAPHY; LARYNX  NEEDLE ELECTROMYOGRAPHY; LARYNX  NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL  NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL  NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB  NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE  ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SICHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S)  NEEVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH  NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH  NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY  \$64.69  NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY  \$50.33  INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARATELY IN ADDITION TO  \$157.55  TESTING OF AUTONOMIC NERVOUS SYSTEM  FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA  \$69.16	DESCRIPTION    NON FAC RATE 2009   FAC RATE 2009



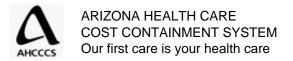
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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE	\$115.41	\$115.41	10/1/2008
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$102.82	\$102.82	10/1/2008
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$101.29	\$101.29	10/1/2008
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL CENTRAL MOTOR EVOKED POTENTIAL STUDY	\$104.74	\$104.74	10/1/2008
95928	(TRANSCRANIAL MOTOR STIMULATION); UPPER CENTRAL MOTOR EVOKED POTENTIAL STUDY	\$188.18	\$188.18	10/1/2008
95929	(TRANSCRANIAL MOTOR STIMULATION); LOWER	\$198.15	\$198.15	10/1/2008
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR	\$106.98	\$106.98	10/1/2008
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	\$65.00	\$65.00	10/1/2008
95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE	\$43.58	\$43.58	10/1/2008
95936	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN	\$40.56	\$40.56	10/1/2008
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH	\$55.12	\$55.12	10/1/2008
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRALSEIZURE FOCUS ELECTR	\$240.36	\$240.36	10/1/2008
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR	\$1,003.15	\$1,003.15	4/1/2006
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE	\$420.38	\$420.38	10/1/2008
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE DURING	\$256.17	\$256.17	10/1/2008
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	\$140.13	\$140.13	10/1/2008
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR	\$734.61	\$734.61	10/1/2008
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE	\$237.34	\$237.34	10/1/2008
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING	\$353.89	\$353.89	10/1/2008



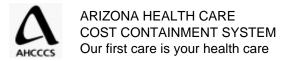
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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF	\$231.61	\$231.61	10/1/2008
95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF	\$219.06	\$219.06	10/1/2008
95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN	BR	BR	1/1/2002
95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	BR	BR	1/1/2002
95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	BR	BR	1/1/2002
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$50.06	\$21.77	10/1/2008
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$53.74	\$37.31	10/1/2008
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$102.08	\$74.54	10/1/2008
95973	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$55.39	\$45.07	10/1/2008
95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$169.51	\$149.23	10/1/2008
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$94.23	\$86.19	10/1/2008
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$200.11	\$171.79	10/1/2008
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$90.03	\$81.60	10/1/2008
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$61.87	\$61.87	10/1/2008
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY,	\$88.15	\$35.39	10/1/2008



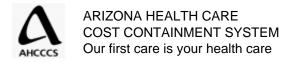
FARS/DFAR		NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
PROC	DESCRIPTION		2009	EFF DATE
	Canalith repositioning precedure(a) (ag. Enlay manage)	2009		
05000	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per d	¢40.40	¢26.40	1/1/2009
95992	7	\$40.40	\$36.19	1/1/2009
05000	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR	D.D.	55	40/4/4000
95999	DIAGNOSTIC PROCEDURE	BR	BR	10/1/1982
00000	COMPREHENSIVE COMPUTER-BASED MOTION	<b>#04.70</b>	<b>CO 4.70</b>	40/4/0000
96000	ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	\$84.78	\$84.78	10/1/2008
00004	COMPREHENSIVE COMPUTER-BASED MOTION	0404.40	<b>#</b> 404.40	40/4/0000
96001	ANALYSIS BY VIDEO-TAPING AND 3-D	\$101.13	\$101.13	10/1/2008
	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING		04004	40/4/0000
96002	WALKING OR OTHER FUNCTIONAL	\$19.81	\$19.81	10/1/2008
	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING	<b>.</b>	4	
96003	WALKING OR OTHER FUNCTIONAL	\$17.50	\$17.50	10/1/2008
	PHYSICIAN REVIEW AND INTERPRETATION OF			
96004	COMPREHENSIVE COMPUTER BASED MOTION	\$108.00	\$108.00	10/1/2008
	NEUROFUNCTIONAL TESTING SELECTION AND			
96020	ADMINISTRATION DURING NONINVASIVE IMAGING	BR	BR	1/1/2007
97001	PHYSICAL THERAPY EVALUATION	\$70.18		10/1/2008
97002	PHYSICAL THERAPY RE-EVALUATION	\$37.58	\$37.58	10/1/2008
97003	OCCUPATIONAL THERAPY EVALUATION	\$75.16	\$75.16	10/1/2008
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$44.84	\$44.84	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97012	AREAS; TRACTION, MECHANICAL	\$14.36	\$14.36	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97014	AREAS; ELECTRICAL STIMULATION	\$13.53	\$13.53	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97016	AREAS; VASOPNEUMATIC DEVICES	\$14.67	\$14.67	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97018	AREAS; PARAFFIN BATH	\$7.30	\$7.30	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97022	AREAS; WHIRLPOOL	\$16.59	\$16.59	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97024	AREAS; DIATHERMY (EG, MICROWAVE)	\$5.02	\$5.02	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97026	AREAS; INFRARED	\$4.63	\$4.63	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97028	AREAS; ULTRAVIOLET	\$6.16	\$6.16	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97032	AREAS; ELECTRICAL STIMULATION (MANUAL),	\$15.89	\$15.89	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97033	AREAS; IONTOPHORESIS, EACH 15 MINUTES	\$23.15	\$23.15	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97034	AREAS; CONTRAST BATHS, EACH 15 MINUTES	\$13.93	\$13.93	10/1/2008



FARS/DFAR	S apply.			
		NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE	2009	EFF DATE
		2009	2009	
	APPLICATION OF A MODALITY TO ONE OR MORE			
97035	AREAS; ULTRASOUND, EACH 15 MINUTES	\$11.26	\$11.26	10/1/2008
	APPLICATION OF A MODALITY TO ONE OR MORE			
97036	AREAS; HUBBARD TANK, EACH 15 MINUTES	\$24.71	\$24.71	10/1/2008
	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF	,	,	
97039	CONSTANT ATTENDANCE)	\$11.72	\$11.72	5/1/2005
	,	*	,	
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,			
97110	EACH 15 MINUTES; THERAPEUTIC EXERCISES	\$27.50	\$27.50	10/1/2008
07110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,	Ψ21.00	Ψ27.00	10/1/2000
97112	EACH 15 MINUTES; NEUROMUSCULAR	\$28.68	\$28.68	10/1/2008
37112	LAGIT 13 MINOTES, NEGROMOSOCIAR	Ψ20.00	Ψ20.00	10/1/2000
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,			
07112	EACH 15 MINUTES; AQUATIC THERAPY WITH	<b>#22.27</b>	<b>#22.27</b>	10/1/2009
97113		\$33.27	\$33.27	10/1/2008
07440	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,	<b>#04.05</b>	<b>#04.05</b>	40/4/0000
97116	EACH 15 MINUTES; GAIT TRAINING	\$24.05	\$24.05	10/1/2008
07404	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,	<b>#00.00</b>	<b>#</b> 00.00	40/4/0000
97124	EACH 15 MINUTES; MASSAGE, INCLUDING	\$22.09		10/1/2008
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	\$15.83	\$15.83	5/1/2005
	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/			
97140	MANIPULATION, MANUAL LYMPHATIC	\$25.62	\$25.62	10/1/2007
	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE			
97150	INDIVIDUALS)	\$17.42	\$17.42	10/1/2008
	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE)			
97530	PATIENT CONTACT BY THE PROVIDER	\$29.07	\$29.07	10/1/2008
	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE			
97532	ATTENTION, MEMORY, PROBLEM SOLVING,	\$23.69	\$23.69	10/1/2008
	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE			
97533	SENSORY PROCESSING AND PROMOTE	\$25.22	\$25.22	10/1/2008
	SELF-CARE/HOME MANAGEMENT TRAINING (EG.			
97535	ACTIVITIES OF DAILY LIVING (ADL) AND	\$29.46	\$29.46	10/1/2008
	COMMUNITY/WORK REINTEGRATION TRAINING (EG,	, ,	, ,	
97537	SHOPPING, TRANSPORTATION, MONEY	\$26.40	\$26.40	10/1/2008
0.00.	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT,	Ψ20.10	Ψ20.10	10/1/2000
97542	FITTING, TRAINING), EACH 15 MINUTES	\$26.75	\$26.75	10/1/2008
57 5 T Z	THE THEO, THE MINITED	Ψ20.70	Ψ20.70	10/1/2000
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	BR	BR	1/1/1993
57 5 <del>7</del> 5	WORK I WINDLINE OF CONDITIONING, INTIME 2 110010	DIC	DK	1/1/1993
	WORK HARDENING/CONDITIONING; EACH ADDITIONAL			
07546	HOUR (LIST SEPARATELY IN ADDITION		DD	1/4/4002
97546	THOOK (LIST SEFAKATELT IN ADDITION	BR	BR	1/1/1993



FARS/DFAR	Ο αρρίγ. Ι			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S),			
97597	SELECTIVE DEBRIDEMENT, WITHOUT ANES	\$55.51	\$36.76	10/1/2008
	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S),	<del></del>	<del></del>	75, 17, 200
97598	SELECTIVE DEBRIDEMENT, WITHOUT	\$68.69	\$47.66	10/1/2008
	DEMOVAL OF DEVITALIZED TISSUE FROM WOLINDS			
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT	BR	BR	1/1/2001
31002	NEGATIVE PRESSURE WOUND THERAPY (EG,	DIX	DIX	1/1/2001
97605	VACUUM ASSISTED DRAINAGE COLLECTION),	\$33.70	\$26.05	10/1/2008
0.000	NEGATIVE PRESSURE WOUND THERAPY (EG,	φσσσ	ΨΞ0.00	. 0, 1, 2000
97606	VACUUM ASSISTED DRAINAGE COLLECTION),	\$36.44	\$28.79	10/1/2008
	DUVEGAL DEDECOMANGE TECT OF MEACUREMENT			
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL	\$28.68	\$28.68	10/1/2008
91130	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO	φ20.00	φ20.00	10/1/2008
97755	RESTORE, AUGMENT OR COMPENSATE FOR	\$33.03	\$33.03	10/1/2008
	ORTHOTIC(S) MANAGEMENT AND TRAINING			
97760	(INCLUDING ASSESSMENT AND FITTING WHEN NOT O	\$31.34	\$31.34	10/1/2008
	PROSTHETIC TRAINING, UPPER AND/OR LOWER			
97761	EXTREMITY(S), EACH 15 MINUTES	\$27.89	\$27.89	10/1/2008
07760	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	<b>\$24.54</b>	<b>CO1 E1</b>	10/1/2009
97762	UNLISTED PHYSICAL MEDICINE/REHABILITATION	\$31.54	\$31.54	10/1/2008
97799	SERVICE OR PROCEDURE	BR	BR	10/1/1982
01100	CERVICE CRY ROCEBORE	DIX	DIX	10/1/1302
	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT			
97802	AND INTERVENTION, INDIVIDUAL, FACE	\$27.54	\$27.15	10/1/2008
	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND			
97803	INTERVENTION, INDIVIDUAL,	\$24.40	\$24.01	10/1/2008
07904	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	\$13.97	¢12.57	10/1/2009
97804	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR	\$13.97	\$13.57	10/1/2008
99000	TRANSFER FROM THE PHYSICIAN'S OFFICE	\$12.60	\$12.60	5/1/2004
00000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR	Ψ12.00	Ψ12.00	0/1/2001
99001	TRANSFER FROM THE PATIENT IN OTHER	\$18.89	\$18.89	5/1/2004
	HANDLING, CONVEYANCE, AND/OR ANY OTHER			
99002	SERVICE IN CONNECTION WITH THE	\$37.03	\$37.03	5/1/2004
	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER			
99050	THAN REGULARLY SCHEDULED OFFICE H	\$14.38	\$14.38	5/1/2004
00054	SERVICE(S) PROVIDED IN THE OFFICE DURING	5.5	5.5	4/4/0000
99051	REGULARLY SCHEDULED EVENING, WEEKEND, O	BR	BR	1/1/2006



FARS/DFAR	5 арріу.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99053	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN ADDITIO	BR	BR	1/1/2006
99058	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER SC	\$40.20	\$40.20	5/1/2004
99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTH	BR	BR	1/1/2006
99170	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR SUSP TRAU	\$132.20	\$85.52	10/1/2008
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	\$2.67	\$2.67	10/1/2008
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED	\$36.95	\$36.95	10/1/2008
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	\$198.38	\$111.57	10/1/2008
99185	HYPOTHERMIA; REGIONAL	\$45.47	\$45.47	10/1/2008
99186	HYPOTHERMIA; TOTAL BODY	\$81.91	\$81.91	10/1/2008
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$104.51	\$104.51	5/1/2004
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$63.26	\$63.26	5/1/2004
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$47.13	\$47.13	5/1/2004
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$58.10	\$58.10	10/1/2008
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	BR	BR	10/1/1982
G0248	DEMONSTRATION, PRIOR TO INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH EIT	\$191.99	\$191.99	10/1/2008
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$24.40	\$24.01	10/1/2008
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$13.97	\$13.57	10/1/2008
G0293	NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR	BR	BR	1/1/2003
G0294	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN	BR	BR	1/1/2003
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	BR	BR	1/1/2001
S9451	EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$80.00		1/1/2005
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	BR	BR	1/1/2000
S9975	TRANSPLANT RELATED LODGING, MEALS AND TRANSPORTATION, PER DIEM	BR	BR	1/1/2003